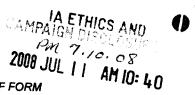
File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, lowa 50319 Fax: 515-281-4073



FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of	Organization)	l _		
Sawin for Supervisor			FORM	<u> </u>
IMPORTANT: Indicate by # type of committee you are reporting for: 5 (1)Statewide/Legislative/Judge Standing for Retention Candidate (2)State PAC (3)State Party (4)County Central Committee (5)County Candidate (6)City Candidate (7)School Board or Other Political Subdivision Candidate (8)County PAC (9)City PAC (10)School Board or Other Political Subdivision PAC (11) Local Ballot Issue			DR-2 Rev. 07/2007) or Office Use On	DISCLOSURE REPORT
CANDIDATE COMMITTEES ONLY:		_ '		
Candidate Name	Political Party (if applicable)			
Jerry Sawin Democrat				
Office Sought Supervisor	District (if Senate or House)	1 5		
ate reports are subject to possible civil and criminal penalties.		7) and 68		
SIGNATURE OF PERSON FILING REPORT	TELEPHONE		DATE S	IGNED
AM FILING A FINAL	REPORT FOR (1) ELECTION /	(2)NON-	-ELECTION YE	AR.
(report date)	Indicate by #			
CHECK IF AMENDMENT TO REPORT DATED		ocal Con	nmittees, enter Da	ite of Election
Check if this is final (termination) report and attach Noti (You must continue to file reports until a DR-3 is	E1-4\		Local Committees	
STATEMENT OF CASH ON HA	AND			
CASH ON HAND at the beginning of the reporting period. committee. This amount MUST be the same as of the last reporting period or must be zero if this	the cash on hand at the end	\$	535.15	
ADD TOTAL MONEY TAKEN IN THIS PERIOD				
Schedule A: Cash Contributions total (Attach Sc			455.00	
Schedule F: Loans Received total (Attach Sche				
Schedule H: Total Sales of Campaign Property	•			
(Schedule H applies to Candidates' C		•		
Tours of the second of the sec	SUB-TOTAL	\$	990.15	
SUBTRACT TOTAL MONEY SPENT THIS PER		•	<u> </u>	
Schedule B: Expenditures total (Attach Schedule			990.15	
Schedule F: Loan Repayments total (Attach Sch				
CASH ON HAND at the end of this reporting period (if fina			0.00	
*UNPAID BILLS (From Schedule D - Attach Schedule D)				
IN KIND CONTRIBUTIONS (From Schedule E - Attach S				***************************************
*OUTSTANDING LOANS (From Schedule F - Attach Sch	nedule F)	\$		
CONSULTANT BREAKDOWN (Schedule G Attached?)		_	YES	NO
CANDIDATE COMMITTEES ONLY:				
VALUE OF CAMPAIGN PROPERTY (From Schedule H -	Attach Schedule H)	\$		
STATE COMMITTEES: Submit a reconciled campaign a	ccount bank statement in January of each	year.		



FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organiza	ation)
5	·
IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) S (4) County Central Committee (5) County Candidate (6) City Candidate Candidate (8) County PAC (9) City PAC (10) School Board or Other CANDIDATE COMMITTEES ONLY:	State PAC (3)State Party
Candidate Name Terry Sawin	Political Party (if applicable)
Jerry Sawin Office Sought Supervisor	District (if Senate or House)
FORM	
DR-2 DISCLOSURE (Rev. 07/2007) REPORT	
For Office Use Only	
Comm. #	
Logged in	
Scanned	
Computer	
Audited	
Late reports are subject to possible civil and criminal penalties. Pursi (3), the candidate, for a candidate's committee, and the chairperson, responsible for filing timely and accurate reports.	for any other type of committee, is the individual
Aery X-	641-792-9861
SIGNATURE OF PERSON FILING REPORT DATE SIGNED	TELEPHONE
I AM FILING A Final ELECTION YEAR.	REPORT FOR (1) ELECTION /(2)NON-
(report date)	Indicate by # /
Local Committees, enter Date of Election	
6-28	
County & Local Committees, enter County in which Election is held	
Jasper	
CHECK OF AMENDMENT TO REPORT DATED	All the state of t
Check if this is final (termination) report and attach Notice of Dis (You must continue to file reports until a DR-3 is filed.)	solution Form DR-3.

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 535,15

	ADD TOTAL MONEY TAKEN IN THIS PERIOD	
	Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	45500
;	Schedule F: Loans Received total (Attach Schedule F)	
;	Schedule H: Total Sales of Campaign Property (Attach Schedule H)	
	(Schedule H applies to Candidates' Committees Only) SUB-TOTAL	\$ 455~
•	SUBTRACT TOTAL MONEY SPENT THIS PERIOD	\$ 455 990.15
	Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	990.15
	Schedule F: Loan Repayments total (Attach Schedule F)	
CASH ON	HAND at the end of this reporting period (if final report balance must be zero)	\$ O
**UNPAIC	BILLS (From Schedule D - Attach Schedule D)	\$ O
IN KIND	CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ _
**OUTST	ANDING LOANS (From Schedule F - Attach Schedule F)	\$ O
CONSUL	FANT BREAKDOWN (Schedule G Attached?)NO	
CANDIDA	TE COMMITTEES ONLY:	
VALUE O	F CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

ASSET FORES	A (Rev. 07/03)	MONETARY RECEIPTS
		CK THIS BOX IF

SCHEDULE

COMMITTEE NA	ME (Must be same as on Statement of Organization)	
SAWIN	FUR SUPERVISOR	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
5/12/18	ID#	Micc. Unitemized		\$ 100,00	
5/14/08	ID# CK#	Ed: The Terlow 62916 Hwy T225 Sully, IA 50257 Craig - Butty Peterson		180.00	
5714/08	ID#	Craig - Betty Peterson POBOX 537 Baxter, IA		25,00	
5/24/18	ID# CK#	Bill Guthric 1225 S. & AW E Newton, IA 50208		25,00	
5/27/08	ID#	Misc. Unitemized		105.00	
6/03/08	ID# CK#	Misc untriged		100.00	
	CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
			SUB-TOTAL	11.	

TOTAL (if last page of this schedule)

Page _____ of ____

500

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE

B (Rev. 07/03)

MONETARY EXPENDITURES

CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES,
LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE
PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS &
CAMPAIGN DISCLOSURE BOARD.

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AM(EXPE
5/4/08	ID# CK#//25	Riggs Printing	Brocheres	\$ 123.05
5/15/08	ID# CK# //26	News Daily New	Ads	336.00
5/1408	ID# CK#/127	Prairie City News	Ads	68.80
5/1408	ID# CK#//28	Jaspes County	Ads	84.00
5/14/08	ID# CK# /{ 29	Diamad Trail New	A ds	96.00
5/14/18	ID# CK#[[30	Monroe Mirror	Adı	55.60
5/27/08	ID# CK# / <i>) 31</i>	Newton Daily News	Adi	197.10
6/32/04	ID# CK#//32	Fran Henderson	Addres Labels	15.46

SUB-TOTAL

TOTAL (if last page of this schedule)

976.2

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE

B MONETARY
(Rev. 07/03) EXPENDITURES

CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES,
LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE
PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS &
CAMPAIGN DISCLOSURE BOARD.

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMC EXPE
5/30/08	ID# CK#	First Newton Notional Range	Check Fee	\$6.50
	ID#		11	
7/9/08	CK#	Jerry Sawin	closing out Expenses	7.44
	ID#		· · ·	
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#		·	
	ID#			
	CK#			
	ID#			
	CK#			

SUB-TOTAL

TOTAL (if last page of this schedule)

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to

810.15